The Math Center Registration Form

Please print and mail to The Math Center, 2746 N. Hampden Ct. #1-O, Chicago, Illinois 60614

Parents' names (please pri	nt)			
Student's name	S	chool	Gra	ade Level
Address	City		State	Zip
Home Phone	Work Phone			
If registering with a friend, what is the friend's name?				
Student's math grades 6 th 7 th 8 th	9 th 10 th _	11 th	12 th	
Student's test scores (v	vnere applicable):		
PSAT#1: Math\ PSAT#2: Math\				
SAT I #1: Math SAT I #2: Math	Verbal Verbal	Date Date		
SAT II: Math IC	Math IIC	_Date		
PLAN: Math English Reading ScienceComp Date				
ACT (highest score): Math	n English _ omposite D			cience
Course title				
Section (first choice)	_ Dates	Datas	_ Time _ 	
Section (if first choice is ur	navailable)	_Dates	li	me
Amount enclosed \$	(Make chec	k payable to	The Ma	th Center.)